ATTORNEY DOCKET NO. 200300686-1

FOR PATENT APPLICATION			
As a below named inventor, I	hereby declare that:		
My residence/post office addr	ess and citizenship are a	is stated below next t	o my name;
I believe I am the original, firs joint inventor (if plural names patent is sought on the invent Amplifiers Using Spin Injection	are listed below) of the ion entitled:	e subject matter which	below) or an original, first and ch is claimed and for which a
the specification of which is a	ittached hereto unless th	ne following box is ch	ecked:
() was filed on	as US Applie	cation No. or PCT Inte	ernational Application
Number	and was amended on (if applicable).		
I hereby state that I have re including the claims, as ame disclose all information which	nded by any amendmen	t(s) referred to above	above-identified specification, e. I acknowledge the duty to FR 1.56.
	ts under Title 35, United Stated have also identified below a	any foreign application for	ny foreign application(s) for patent or patent or inventor(s) certificate having
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: NO:
			YES: NO:
Provisional Application I hereby claim the benefit under Titl below:	e 35, United States Code Sec	etion 119(e) of any United	States provisional application(s) listed
F	APPLICATION NUMBER	FILING DATE	
U. S. Priority Claim			
I hereby claim the benefit under Titl insofar as the subject matter of each manner provided by the first paragra	n of the claims of this applica uph of Title 35, United States ude of Federal Regulations, Se	tion is not disclosed in the Code Section 112, I ackn ction 1.56(a) which occur	States application(s) listed below and, prior United States application in the owledge the duty to disclose material ed between the filing date of the prior
APPLICATION NUMBER	FILING DATE	STATUS (pa	etented/pending/abandoned)
	 		
POWER OF ATTORNEY:	į.	1	
As a named inventor, I hereby app business in the Patent and Trademark	pint the following attorney(s). Office connected therewith:	and/or agent(s) to prosec	cute this application and transact all

stomer Number	022879	Number Bar Code
l	L	Label here

Send Correspondence to: HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400

Direct Telephone Calls To:

Denise Saffold (650) 236-4868

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Viatcheslay V. Osipov	Citizenship: Russian Federation
Residence:	Mountain View, California	
Post Office Address:	2680 Fayette Drive, Apt. 513, Mountain	View, California 94040
Inventor's Signature		07. 30. ROO3
	ם	ate

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200300686-1

ruii name of # 2 punt inventor;	Alexandre M. Bratkovski	Ci	tizenship: Russian Federation	
Residence:	Mountain View, California			
	127 Laur I Way, Mountain View, California 94040			
Afratkovs	di	7/3	0/2003	
inventor's Signature		Date 7		
Full Name of #3 joint inventor:		Ci	tizenship:	
Residence:		····		
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 4 joint inventor:		c	Itizenship:	
Residence:	· · · · · · · · · · · · · · · · · · ·			
Post Office Address:		·····		
Inventor's Signature		Date		
Full Name of #5 joint inventor:		с	itizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of #6 joint inventor:	-	c	itizenship:	
Residence:				
Post Office Address:				
inventor's Signature		Date		
Full Name of #7 joint inventor	·		hizenship:	
Residence:				
Post Office Address:			·	
inventor's Signature		Date		
Full Name of #8 joint inventor	:		Citizenship:	
Residence:				
Post Office Address:				
inventor's Signature		Date		